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## *DMHA Youth Home & Community-Based Wraparound Services (HCBS)* **Habilitation Services Provider Instruction Form**

Interested parties who wish to participate in one of the Division of Mental Health and Addiction's (DMHA) Youth Home & Community-Based (HCBS) Wraparound Services (referred to as HCBS) programs must meet criteria as a provider for the HCBS program and be approved by DMHA as an HCBS provider. This instruction sheet is intended to assist the applicant in understanding what is needed in order to complete the Habilitation Services Provider application form for one or more of the following DMHA Youth HCBS programs:

HCBS Service Program	Supporting Regulation*	Operating Agency	Medicaid Agency
Psychiatric Residential Treatment Facility Transition Waiver (PRTF Transition Waiver)  <i>Additional Provider Resources:</i> <a href="http://www.in.gov/fssa/dmha/2756.htm">http://www.in.gov/fssa/dmha/2756.htm</a>	<i>CMS Approved Waiver:</i>  IN.03.R02.00	DMHA	Office of Medicaid Policy and Planning (OMPP)
Money Follows the Person- Psychiatric Rehabilitation Treatment Facility Grant (MFP-PRTF Services Program)  <i>Additional Provider Resources:</i> <a href="http://www.in.gov/fssa/dmha/2760.htm">http://www.in.gov/fssa/dmha/2760.htm</a>	<i>CMS Approved Grant:</i>  1LICMS300150	Division of Aging	OMPP
1915(i) Child Mental Health Wraparound Services State Plan Amendment (CMHW Services Program)  <i>Additional Provider Resources:</i> <a href="http://www.in.gov/fssa/dmha/2764.htm">http://www.in.gov/fssa/dmha/2764.htm</a>	<i>CMS Approved SPA: #12-013</i>  Indiana Rule: 405 IAC 5-21.7-1	DMHA	OMPP

\* State and federal rules and regulations are outlined in the Supporting Regulations listed and supersede all other instruction. Additional clarifying information may be obtained in the DMHA Youth HCBS Provider Manual published for each service program and residing on the DMHA website (<http://www.in.gov/fssa/dmha/2732.htm>) and the Indiana Medicaid website (<http://provider.indianamedicaid.com/general-provider-services/manuals.aspx>). A glossary of terms frequently used is also posted on the DMHA Youth Services Website.

### **Habilitation Services** (Brief Description)

Habilitation services are provided with the goal of enhancing the participant's level of functioning, quality of life and use of social skills; as well as building participant and family's strengths, resiliency and positive outcomes. The Habilitation service provider assists the participant identifying and accomplishing the habilitation goals through development of the following skills (Refer to *the DMHA Youth HCBS Provider Manual* for additional information):

- 1) Identification of feelings
- 2) Anger and emotional management.
- 3) How to give and receive feedback, criticism, or praise.
- 4) Problem-solving and decision making.
- 5) Learning to resist negative peer pressure and develop pro-social peer interactions.
- 6) Improve communication skills.
- 7) Build and promote positive coping skills.
- 8) Learn how to have positive interactions with peers and adults.

### **Provider Criteria and Requirements**

- 1) All applicants for Habilitation Services Provider approval must meet the following criteria:

- a) At least 21 years of age
  - b) High school diploma, or equivalent
  - c) Valid driver's license
  - d) Individual has a safe driving record and a maintained vehicle (Confirmed by signed DMHA provider agreement)
  - e) Current auto insurance on motor vehicle
  - f) Current registration on motor vehicle
  - g) CPR Certification (Copy of certificate from a program approved by the American Heart Association)
- 2) Applicant must complete and pass the following screenings:
- a) Finger-print based national and state criminal history background screen
  - b) Local law enforcement screen
  - c) State and local Department of Child Services abuse registry screen
  - d) Five-panel drug screen, or Agency meets same requirements specified under the Federal Drug Free Workplace Act 41 U.S.C. 10 Section 702(a)(1)
- 3) Meets clinical supervision requirements:
- a) Provide documentation verifying the qualified individual, who will provide clinical supervision for applicant, should they be approved to deliver Habilitation services. (Requires copy of supervisor's qualifications and signature indicating that individual's acknowledgement of the Habilitation Supervision Requirements).
  - b) For every 30 hours of Habilitation services provided, the DMHA approved individual must obtain supervision by a Health Service Provider in Psychology (HSPP); Marriage and Family Therapist (LMFT); Licensed Clinical Social Worker (LCSW); or Licensed Mental Health Counselor (LMHC).
- 4) Three (3) years of SED Qualifying Experience: Applicant must have acquired qualifying SED experience, which includes the following:
- a) "Qualifying" direct experience *means that the applicant has worked directly with the SED population in a way that builds functional skills, such as group counseling, one-on-one counseling, provision of skills training, and/or provision of therapeutic recreational activities.*
  - b) Also included would be persons providing therapeutic foster care, or persons working in a capacity that may not involve mental health care, but where the work is targeted at a defined SED population.
  - c) Experience in case management, therapy, and/or skills training in conjunction with a mental health center may also be considered as qualifying experience.
  - d) The most recent qualifying experience with the SED population should be no more than 3 years prior to the date of application. Experience more than 8 years in the past will not be considered as qualifying.
  - e) The SED experience requirement excludes "incidental experience" with an SED child or population. This means that if the work of the provider may have been with a child with SED, but the defined work role was not intended to address this directly, the experience does not qualify towards the requirement. Examples of "incidental experience" would include:
    - I) Owner of a day care for children who throughout his/her years of experience have had children classified as severely emotionally disturbed.
    - II) A bus driver with children on his/her route who have been classified as severely emotionally disturbed.
    - III) The facilitator of a youth group or bible school class with some children in the group having been classified as severely emotionally disturbed.
    - IV) A family therapist with some of the children/youth having been classified as severely emotionally disturbed.
    - V) A classroom teacher with some children in the class having been classified as having a severe emotional disturbance.
    - VI) Staff whose work with children has been with the developmentally disabled population only.
    - VII) An individual whose work has been with children from ages 0-5.

## Training Requirements

Applicants are required to successfully complete the following DMHA-required training sessions:

- 1) DMHA Youth HCBS Program Provider Orientation Webinar: Applicant must complete this training, which is offered as a Webinar through DMHA. DMHA will provide applicant with the web link to complete the training. After completing the training, print and complete the Orientation Training certificate as documentation of completing the webinar. **Note:** PowerPoint is available to be printed prior to the webinar for note taking purposes; however, the training certificate is not available through the PowerPoint, but only through the webinar.
- 2) Indiana Strengthening Our Communities (IN SOC) Webinar: Applicant must complete this training, which is offered as a Webinar through DMHA. DMHA will provide applicant with the web link to complete the training. After completing the training, print and complete the Training certificate as documentation of completing the webinar.
- 3) DMHA Youth Habilitation Services Provider Training: Upon pre-qualification approval, the applicant will receive an invitation to attend the DMHA Youth Services Habilitation Training and will be provided with training logistics (date, time, location). This training will review the habilitation service requirements and limitations, as well as the delivery of service focusing on competency measures to ensure the service is provided through best practices.

## Application Process

Applying to become a DMHA-approved HCBS provider is a multi-step process. Interested applicants may apply as follows:

- 1) Review the service and program specific provider criteria (e.g., Wraparound facilitator for MFP, Habilitation for CMHW, etc.).
- 2) Complete the *DMHA Youth HCBS Program Provider Orientation Webinar* to answer questions about the HCBS program. Retain the completion certificate that is attained through the webinar for submission with the application packet.
- 3) Complete the *Indiana Strengthening Our Communities (IN SOC) Webinar* to familiarize self with Indiana's plan and initiatives around System of Care. Retain the completion certificate that is attained through the webinar for submission with the application packet.
- 4) Submit a resume with contact information (email preferred) and description of experience with children/youth ages 6-18 that have been identified as having a Severe Emotional Disturbance (SED). The description of experience (maximum of 3 pages) must include references to allow for verification of statements in resume and letter. Resumes and SED experience documentation are to be emailed to [DMHAYouthServices@fssa.IN.gov](mailto:DMHAYouthServices@fssa.IN.gov); or mailed to:

Division of Mental Health and Addiction  
Attn: Youth Services Team  
402 W. Washington St., W353  
Indianapolis, IN 46204-2739

- 5) DMHA will review the applicant's resume and letter received to determine if applicant's SED experience meets DMHA-defined criteria for a Habilitation Services Provider. DMHA reserves the right to make the final determination regarding the applicant's meeting SED experience criteria as an HCBS provider. Applicants will receive notification of the DMHA decision via email.
  - a) Those applicants meeting the provider criteria and SED experience requirements will be invited to attend the *DMHA Youth Habilitation Services Provider Orientation Training*.
  - b) Those applicants not meeting provider criteria and SED experience requirements will be denied as a HCBS provider.

- 6) *DMHA Youth Habilitation Services Provider Orientation Training* will review the habilitation service requirements and parameters, as well as the best practices delivery of the service. The applicant will be required to take and pass/fail competency exam as a part of the Habilitation Services Provider training. Applicants will receive notification of the exam score via email:
  - a) Applicants who do not receive a passing score on the exam will not meet criteria as a DMHA-approved Habilitation Services provider.
  - b) Applicants who receive a passing score on the exam will receive a Habilitation Services Provider Training Completion Certificate (which must be included with the application packet).
- 7) Applicants meeting all provider criteria and successfully completing the required HCBS training must submit a Provider Application Packet to DMHA (to address listed on the application form) for review and final approval. Contents of the application packet include the following:
  - a) Provider Demographic Form
  - b) Habilitation Services Provider Application (applicant may submit other service provider applications for other services in which they are applying within one application packet.
  - c) DMHA Youth HCBS Provider Agreement
  - d) Any other required collateral materials

### **DMHA Review of Application Packet**

Once received, DMHA will review the application packet for completeness. If an application is not complete, the applicant will receive notification regarding the missing elements (e.g., signatures, required documentation, missing information, etc.). Applicants will be notified of the timeframe for submitting the required information. If updated information is not received within the required timeframe, the application will be purged.

DMHA will only process complete application packets. After review of a complete application packet, DMHA will render a final decision regarding an applicant's eligibility to be a DMHA-approved HCBS provider. The determination will be communicated by email in a dated letter on FSSA letterhead; and will contain an official signature. Approvals are not active until receipt of the aforementioned letter by the applicant. The following should also be noted.

If submitting a "renewal of approval" application, ensure it is submitted 60 days prior to expiration of the current DMHA approval (to avoid revocation due to expiration of the approval). All renewal of approval applications follow the same process as outlined in this instruction sheet.

### **Medicaid Approval for HCBS Billing**

Individuals/Agencies meeting criteria and receiving a DMHA provider approval letter must also apply for a Medicaid Indiana Health Care Provider (IHCP) provider number before they begin providing and billing for the HCBS program. The DMHA approval letter will be a required component of the application packet to Medicaid. Visit [www.indianamedicaid.com](http://www.indianamedicaid.com) for additional information regarding the Medicaid application.